PTO/SB/Q6 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                 |                                                                                |                                                 |                          |                  |                  |                             | Application or Docket Number |                             |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|------------------|------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|
| APPLICATION AS FILED -<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                 |                                                                                |                                                 | - PART I<br>(Column 2)   |                  | SMALL ENTITY     |                             | OR                           | OTHER THAN<br>SMALL ENTITY  |                             |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR                                                               | NUMB                                            | MBER FILED NUM                                                                 |                                                 | ER EXTRA                 |                  | RATE (\$)        | FEE (\$)                    |                              | RATE (\$)                   | FEE (\$)                    |
| BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   | c))                                             |                                                                                |                                                 |                          |                  |                  |                             | 1                            |                             |                             |
| SEARCH FEE<br>(37 CFR 1.16(k), (i), or (m))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | 1                                               |                                                                                |                                                 |                          |                  |                  | ·                           | ]                            |                             |                             |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | q))                                             |                                                                                | <u> </u>                                        |                          |                  |                  | ·                           |                              |                             |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AL CLAIMS<br>CFR 1.16(i))                                         |                                                 | minus 2                                                                        | 0 =                                             |                          | х                | =                |                             | OR                           | x =                         |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EPENDENT CLAI<br>CFR 1.16(h))                                     | MS                                              | minus 3                                                                        | s =   •                                         |                          | ×                | =                |                             |                              | x =                         |                             |
| APPLICATION SIZE FEE (37 CFR 1.16(a))  If the specification sheets of paper, the is \$250 (\$125 for standitional 50 sheet |                                                                   |                                                 | ne application s<br>small entity) for<br>ets or fraction th<br>)(G) and 37 CFI | ize fee due<br>each<br>ereof. See<br>R 1.16(s). |                          | :                |                  | -<br>·                      |                              |                             |                             |
| MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                 |                                                 |                                                                                |                                                 |                          |                  |                  |                             | ٠.                           | <u></u>                     |                             |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                 |                                                                                |                                                 | 2                        |                  | TOTAL            |                             | <u></u> .                    | TOTAL                       |                             |
| AMEND MENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6/3/05                                                            | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | - INILITE                                                                      | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR   | (Column 3) PRESENT EXTRA | F                | SMALL E          | ADDI-<br>TIONAL<br>FEE (\$) | OR                           | OTHEF<br>SMALL<br>RATE (\$) |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total<br>(37 CFR 1.16(i))                                         | . 17                                            | Minus                                                                          | 20                                              | =                        | ×                | 25=              |                             | OR                           | ×50 =                       |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Independent (37 CFR 1.16(h))                                      | • 4                                             | Minus                                                                          | 4                                               | 3 1 25.5                 | -   <del> </del> | 100 =            | 1, at 14 a /                | OR<br>OR                     | 200=                        | , ,                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Application Size Fee (37 CFR 1.16(s))                             |                                                 |                                                                                | : >                                             | <u> </u>                 | Î                | 700 -            |                             | UK                           | 1 200 -                     |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())    |                                                 |                                                                                |                                                 |                          | 17               | 80               | 7                           | UK                           | 360                         | -                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                 |                                                                                |                                                 |                          |                  | OTAL<br>OD'L FEE | 7                           | OR                           | TOTAL<br>ADD'L FEE          |                             |
| (Column 1) (Culumi, 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                 |                                                                                |                                                 |                          |                  |                  |                             |                              |                             |                             |
| MENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                                                                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR     | PRESENT.<br>EXTRA        | f                | RATE (\$)        | ADDI-<br>TIONAL<br>FEE (\$) | - •                          | RATE (\$)                   | ADDI-<br>TIONAL<br>FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total<br>(37 CFF 1 150))                                          | •                                               | Minus                                                                          | ••                                              | =                        |                  | =                |                             | OR                           | .x. =                       |                             |
| AMENDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Independent<br>(37 CFR 1.16(h))                                   | •                                               | Minus                                                                          | •••                                             | =                        | x                | . =              | 7                           | OR                           | х =                         |                             |
| Ä                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application Size Fee (37 CFR 1.16(s))                             |                                                 |                                                                                |                                                 |                          |                  |                  |                             |                              |                             |                             |
| ∢                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |                                                 |                                                                                |                                                 |                          |                  |                  |                             | OR                           |                             |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                                 |                                                 |                                                                                |                                                 |                          |                  | TAL<br>DO'L FEE  |                             | OR                           | TOTAL<br>ADD'L FEE          |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul> <li>If the entry in co</li> <li>If the "Highest N</li> </ul> |                                                 |                                                                                |                                                 |                          |                  | o · · · ·        |                             |                              |                             |                             |

\*\*\* If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to potain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete use including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.